## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(ECD TIES TOWNS

107566618

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

							CLAIM	1S			<del></del>		<del></del>	
	ASE	ILED	AFTER		AFTER				A CI THE THE		AFTER		AF	TER
			1" AMENDMENT		2 <sup>nd</sup> AMENDMENT		1		AS FILED		1 <sup>st</sup> AMENDMENT		AT TEX 2 MAMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	{	51	IND.	DEP.	IND.	DEP.	IND.	DEP
2				1			i	52						
3				/			1	53						
4			<b> </b>	-				54						
<u>5</u>			[	-			-	55						
7				1			ł	56 57						
8				7				58						
9							1	59						
10 11				-			1	60						
12				-	· ·		}	61 62						
13								63						
14				Z			[	64						
15 16				4				.65						
17			<del></del>	7				66 67						
18				7				68						
19				/				69						
20 21				4				70						
22								71 72						
23								73						
24								74						
25 26				4				75						
27				-				76 77						
28				7				78						
29				/				79						
30 31				<del>/</del>				80						
32				<del>/</del>			ŀ	81 82						
33				/				83						
34							1	84						
35 36		·					ļ	85						
37							ŀ	86 87						
38							ŀ	88						
39								89						
40 41				/				90						
42			<del>/</del>				ŀ	91 92						
43					<del></del>		F	93		<del></del>				
44			/				ľ	94					<del></del>	
45 46								95						
47								96						
48							1	97 98						
49							ŀ	99					<del> -</del>	
50 TOTAL							t	100						
IND.		₩	2	#		#	ſ	TOTAL IND.		1		1		1
TOTAL DEP.		_	32	_`		_	<b>}</b>	TOTAL		_		<b>,</b>		•
	Ti.	<b>7</b>	<u>بب</u>	<b>T</b>		7	L	DEP.	·	7		<del>(-</del>		<b>(=</b>
TOTAL CLAIMS			37					TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)	)					·		U. Pr	S. DEPARTN	IENT of CON demark Office	MERCE		